


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V00756</b> 1. Entity Name LITTLE RIVER FARMS, INC.	
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Principal Place of Business 277 ROYAL POINCIANA WAY SUITE 135 PALM BEACH, FL 33480	Mailing Address 3473 SATELLITE BLVD SUITE 211 DULUTH, GA 30096
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01312007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3100352	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GEIGER, ALLAN T 1301 RIVERPLACE BLVD., SUITE 1500 JACKSONVILLE, FL 32207
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<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, ANGELA H. 277 ROYAL POINCIANA WAY STE 135 PALM BCH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLY, JAMES E. 1678 TEMPLE JOHNSON ROAD LOGANVILLE, GA 30052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TEMPLE, GERALD 110 COVE LANE SOCIAL CIRCLE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRIM, GLOICE Y. 2277 EMMETT DOSTER ROAD MONROE, GA 30656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000622309 02/13/07-80020-011 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver, or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Gloice Y Crim Gloice Y Crim 2/1/07 770-813-0090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #